



CIGARETTE TAX BOND

BOND NO. _____

I/WE _____ of _____
Name City & State
principal, and _____ of _____,
Surety City

State

a corporation duly licensed and authorized to transact business in the State of Wisconsin, are held and firmly bound to the Wisconsin Department of Revenue in the sum of (\$ _____) for which payment we bind ourselves and our respective heirs, personal representatives, successors and assigns, jointly and severally.

THE CONDITION of this obligation is such, that whereas the said principal has applied for, or has obtained, a permit to purchase stamps under the provisions of section 139.32, Wisconsin Statutes, and any amendments thereto.

NOW, THEREFORE, if said principal shall pay all cigarette tax monies required by him to be paid under the provisions of sections 139.31 and 139.32, Wisconsin Statutes, and any amendments thereto, at the times and in the manner prescribed by regulations of the Secretary of Revenue, together with all penalties, costs and interest thereon, then this obligation shall be void; otherwise to remain in full force and effect.

The surety reserves the right to withdraw as such surety, except for any liability already incurred or accrued, and may do so upon giving written notice of such withdrawal to the Wisconsin Department of Revenue; provided, that no withdrawal shall be effective for any purpose until sixty (60) days have elapsed from and after the receipt of such notice by the Wisconsin Department of Revenue; and further provided that no withdrawal shall in any way affect the liability of the surety arising out of any taxes incurred under the provisions of Chapter 139, Subchapter I, Wisconsin Statutes, made by the principal prior to the expiration of the sixty (60) days, regardless of whether or not an assessment for tax due has been levied before the lapse of the sixty (60) days.

The undersigned principal and surety have signed and sealed this bond the _____ day of _____, _____
Month Year

Signature of Principal

Title

Name of Principal Corporate
(Seal)

No. & Street

City, State & Zip

Signature of Surety

Title

Name of Surety Corporate
(Seal)

No. & Street

City, State & Zip

WITNESSED BY:

Signature

Title

WITNESSED BY:

Signature

Title

ACKNOWLEDGMENT BY PRINCIPAL

Complete This Section if the Principal is an Individual

State of _____)
County of _____) : ss.

The foregoing instrument was acknowledged before me this _____ day of _____ , _____ ,
by _____ ,
Principal

(seal)

Notary Public, State of _____
My Commission Expires: _____

Complete This Section if the Principal is a Partnership

State of _____)
County of _____) : ss.

The foregoing instrument was acknowledged before me this _____ day of _____ , _____ ,
by _____ , partner (or agent) on behalf of
Name of acknowledging partner or agent
_____, a partnership.

(seal)

Notary Public, State of _____
My Commission Expires: _____

Complete This Section if the Principal is a Corporation/Limited Liability Company (Circle one)

State of _____)
County of _____) : ss.

The foregoing instrument was acknowledged before me this _____ day of _____ , _____ ,
by _____ ,
Name of officer/member
of _____ , a _____ corporation/limited
liability company, on behalf of the corporation/limited liability company.

(seal)

Notary Public, State of _____
My Commission Expires: _____